# SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES

EL201 003(rev 04/00)

UU F	KIMAKY AND GENERA	AL ELECTIONS	State of Nev
Ko	uloll Stoon	Aasembly	3 o
indic	date's Name(print)	Office	District (if applicable)
92	6 Claudwiew	Circle Rom NV 89512	775-327-440
	g Address (include city and zip		Telephone Number
	REPORT N	NUMBER 3 - DUE JANUARY 13 Report Period Begins: October 26, 2000 Report Period Ends: January 5, 2001	5, 2001
		CONTRIBUTIONS SUMMARY	
1	. From Report Numbers 1and	12, total amount of contributions in excess of \$100	50,031.12
2.	From Report Numbers 1 and	d 2, total amount of contributions of \$100 or less	1,694.00
3.	. Report Number 3, total amo	ount of contributions in excess of \$100	1,250 00
4.	. Report Number 3, total amo	ount of contributions of \$100 or less	20,00
	From Report Number	rs 1, 2, and 3, actual number of	
	contributions of \$100	or less \$ 1714.00	
6.	Interest and income earned, i	if any, during this report period	-0-
7.	TOTAL AMOUNT OF AL	L CONTRIBUTIONS	
	(add lines 1 through 6)		52,995,12
<b></b>		EXPENSES SUMMARY	· · · · · · · · · · · · · · · · · · ·
8.	From Report Numbers land	2, total amount of expenses in	}
	excess of \$100		23,069.88
9.	From Report Numbers 1 and	12, total amount of expenses of \$100	
	or less		1422,11
10	). Report Number 3, total amor	unt of expenses in excess of \$100	17,716.87
11	. Report Number 3, total amor	unt of expenses of \$100 or less	335.76
12	. TOTAL AMOUNT OF AL	LL EXPENSES	
	(add lines 7 through 11)		42,544.62
	stributions or expenses are lis	ted during this Report Period, only this page of th	e report needs to be filed
		ry that the foregoing is true and correct.	
		if that the fologonia is that and officer.	
E	xecuted on 1 200	Signature of Candidate	
	ecretary of State 294A 200		7
03(rev	04/00)	Total number of pages for the	his report

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assemb	la
Office	T

District (if applicable)

### Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK ✓ IF IN KIND
Reno Corport Fighters POBOX 12533, Reno-NV  69510  Sheila Leslis Campaign  25 Homboldt S  Reno-, 84509  Senoton Harry Reid	14/26	# 250		
Reno, 84509	11/18	500		
Senetas Harry Roid	11/18	500		

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Kendoll STAGE	assembles	3 2
Kendall STAGG Candidate's Name (print)	Office	District (if applicable)

#### Contributions of \$100 or less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION		DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
11/18	#20	,   		
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Kendall SAAGG Candidate's Name (print) Ossembleg Office

3 District (if applicable)

### **Expenses Categories**

CATEGORIES	CODE	TOTALS
Office expenses	A	# 2297.89
Expenses related to volunteers	В	168.87
Expenses related to travel	С	
Expenses related to advertising	D	\$ 12,862.64
Expenses related to paid staff	E	
Expenses related to consultants	F	\$2500,00
Expenses related to polling	G	
Expenses related to special events	H	# 223,23
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

Kendall Stage	assenbly	3 2
andidate's Name (print)	Office	District (if applicable)

# **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	
PDG Printing, dinc 3820 S. Valley View Rel Gas Vigus IV 89103	D	11/11/00	\$10,440.23
Tupodos of Rono 83 W. P. lumb Lane Rono, NV	17	10/26/00	123,23
73. Glens Caron Sparks NV 89431	D	10/27/00	900,91
Buffy Marten Po Bar 20753 Seen Valley N. 69433	F	10/28/00	1000,00
Independent Voters of NV	D	10/30/00	1014,00
Safeway (Stamps) Mal Cenn + Mc Canan Renor N'V 89503	А	10/24/00	660
Mas anne + me canon Reno-NV & 3503	A	10/28/00	105
Raileys (Stamps Keyston + 7 th Range NU 89503	A	10/29/00	1353
Ron- News + Ruiser 708 N. Center ST Ron-, NV	Q	10124/00	128
MRCIANE. 75:5 collect On #101	D	10/30/00	3 > 9,5
Office max 2859 Northboune San Rong-N'V	A	11/2/00	163.

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Kendall STAge	assembly,	32
Candidate's Name (print)	Office	District (if applicable)

# **Expenses in Excess of \$100**

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	JEACH EXPENSE
D+ D Consulting #191, 4790 Coughhardway Rome NV 89509	F	11/2/00	1500

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Kondall STAGG	assembly	32	
Candidate's Name (print)	Office	District (if applicable)	

# Expenses of \$100 or Less

DA OI	TE EACH	AMOUNT OF EACH	<b>CATEGORY</b>
E	PENDITURE	EXPENDITURE	
1	Q/26/00	\$100	H
	10/27	1489	A
	10/27	45.87	B
	10/31	25	В
	11/2	50	D
	11/3	98	B
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